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Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

. To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

ulu Caramante

Treasurer's Name:

Julie Caramante

Treasurer

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FEC FORM 1

## STATEMENT OF ORGANIZATION

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				OMERIC ON ALL CENTER
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	. 4
NORTH CAROL	INA HORSE A	ASSOCIATION	1111	
ADDRESS (number and street)				
(Check if address is changed)			<u> </u>	
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one	e-mail address)		
inchorseassociation@gmail.com				
(Check if address is changed)			1 1 1 1 1	
COMMITTEE'S WED DAGE AD	DDESS (LIDI)			
COMMITTEE'S WEB PAGE AD		ahorseassociatio	n.tumblr.	com
(Check if address is changed)				
2. DATE	/ 4 4 4 4 4 4			
3. FEC IDENTIFICATION N	UMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined to	his Statement and to the be	est of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treasure	Julie Caram	ante		
Signature of Treasurer	Julie Car	namanite	Date 08	13° (2012
NOTE: Submission of false, errone	•	on may subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use		For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>		
i.	TYPE OF C	OMMITTEE			
	Candidate	Committee:			
	(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)		
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name of Candidate				
	Candidate Party Affiliation	Office Sought: House Senate President	State		
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diolitot		
	Name of Candidate				
	Party Com	nmittee:			
	(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
	Political A	ction Committee (PAC):			
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:		
		Corporation Corporation w/o Capital Stock	Labor Organization		
		Membership Organization Trace Association	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
	(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party		
	In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint Fundraising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a fedoral candidate			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political		
	Com	mittees Participating in Joint Fundraiser			
	1.	FEC ID number			
	2.	FEC ID number C			
	3.	FEC ID number			
	4.	FEC ID number C	<u> </u>		

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Write or Type Committee Nam	ne		
NORTH CAROL	LINA HORSE ASSOCIATION		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor	
Maria			
[None			
Mailing Address			
<b>3</b>			
	CITY STATE	ZIP CODE	
Relationship: Connecte	ad Organization Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponsor	
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.</li> </ol>			
Full Name Paula	a Bacon	1	
Full Name	1504 S. Houston Street	<u> </u>	
Mailing Address		<u> </u>	
		75440	
	Kaufman TX	75142	
Title or Position	CITY STATE	ZIP CODE	
Custodian of Re	cords Telephone number	72,   - [824,   - [1073	
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee assistant treasurer).	; and the name and address of	
Full Name of Treasurer	Caramante		
Mailing Address	1504 S. Houston Street	لحبيب	
	Kaufman TX STATE	75142	
Title or Position			
Treasurer	Telephone number	317664040	

	FEC Form	n 1 (Revised 02/2009)		Page 4
	Full Name of Designated Agent	Paula Bacon	1 1 1 1	1111111111
	Mailing Address	1504 S. Houston Street	<u> </u>	
			1_1_1_	
		Kaufman , , , , , , , , , , , , , , , , , , ,	STATE	75142 ZIP CODE
	Title or Position Assistant T	reasurer Telephone numb	ber  972	2[824[1073
9.	Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committeexes or maintains funds.	e deposits f	unds, holds accounts, rents
	Name of Bank, I	Depository, etc.		
		JPMorgan Chase Bank		
	Mailing Address	811 Preston Road	1111	
			4111	
		[Dallas , , , , , , , , , , , , , , , , , ]	【大】	75525
		CITY	STATE	ZIP CODE
	Name of Bank, I	Depository, etc.		
	Mailing Address		1111	
		CITY	STATE	ZIP CODE
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h	8/20/12		
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